

Substitute Bill No. 5386

February Session, 2014



AN ACT CONCERNING CARE COORDINATION FOR CHRONIC DISEASE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (Effective October 1, 2014) (a) The Commissioner of 2 Public Health, in consultation with the Comptroller representatives of hospitals and other health care facilities and local 4 and regional health departments, shall develop a plan: (1) To reduce 5 the incidence of chronic disease, including, but not limited to, chronic 6 cardiovascular disease, cancer, stroke, chronic lung disease, diabetes, 7 arthritis or another chronic metabolic disease and psychiatric illness; 8 (2) to improve chronic disease care coordination in the state; and (3) for 9 each type of health care facility, to reduce the incidence and effects of 10 chronic disease.
- 11 (b) The commissioner shall, on or before January fifteenth, annually, 12 submit a report in accordance with the provisions of section 11-4a of 13 the general statutes to the joint standing committee of the General 14 Assembly having cognizance of matters relating to public health 15 concerning chronic disease and implementation of the plan described 16 in subsection (a) of this section. The commissioner shall post such 17 reports on the Department of Public Health's Internet web site not later 18 than thirty days after submitting each report. Such report shall include, 19 but need not be limited to: (1) A description of the chronic diseases

that are most likely to cause a person's death or disability, the approximate number of persons affected by such chronic diseases and an assessment of the financial effect of each such disease on the state and on hospitals and health care facilities; (2) a description and assessment of programs and actions that have been implemented by the department, hospitals or health care facilities to improve chronic disease care coordination and prevent chronic disease; (3) the source and amounts of funding received by the department to treat persons with multiple chronic diseases and to treat or reduce the most prevalent chronic diseases in the state; (4) a description of chronic disease care coordination among the department, hospitals and health care facilities, and among health care facilities, to prevent and treat chronic disease; (5) detailed recommendations concerning actions to be taken by hospitals and health care facilities to reduce the effects of the most prevalent chronic diseases, including recommendations concerning: (A) Ways to reduce hospital readmission rates, (B) transitional care plans, and (C) drug therapy monitoring; (6) identification of anticipated results from a hospital or health care facility's implementation of the recommendations described in subdivision (5) of this subsection; (7) identification of goals for coordinating care and reducing the incidence of persons having multiple chronic diseases; and (8) an estimate of costs and other resources necessary to implement the recommendations described in subdivision (5) of this subsection.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2014	New section

Statement of Legislative Commissioners:

Throughout the bill, the phrase "chronic care coordination" was changed to "chronic disease care coordination", for clarity and internal consistency; in section 1(b), "plans" was changed to "plan", for accuracy; in section 1(b)(2), the phrase "department or hospitals and health care facilities" was changed to "department, hospitals or health care facilities", for clarity and "disease" was changed to "chronic

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42 43 disease", for consistency; in section 1(b)(4), the phrase "between the department and hospitals and health care facilities" was changed to "among the department, hospitals and health care facilities", for clarity; and in sections 1(b)(3) and (7), the phrase "chronic conditions" was changed to "chronic diseases", for internal consistency.

PH Joint Favorable Subst.